REMARKS

Claims 1, 4 – 8, and 10 are pending. Claims 1 and 10 have been amended. Support for these amendments may be found in the Specification at, for example, page 2, lines 8 – 15 and 30 - 38, and page 3, lines 14 – 16. In addition, Claim 4 has been amended so that it now depends from Claim 1.

Claims 1 – 10 are rejected under 35 U.S.C. §103(a) as being unpatentable over Lanier et al. (Clinical Therapeutics, July 2002) in view of Kim (US 5,976,573) and further in view of Ray et al. (Journal of Allergy and Clinical Immunology, 1999). According to the Examiner, Lanier et al teach the efficacy of combined fluticasone (nasal) and olopatadine (ophthalmic) in the treatment of allergic rhinoconjunctivitis (allergic rhinitis combined with allergic conjunctivitis).

In response, Applicants respectfully traverse the §103(a) rejection to the extent it may apply to the amended claims. As amended, Applicants' claims recite a method of treating allergic rhinitis comprising intranasally administering a composition comprising olopatadine and a steroid selected from the list recited in Applicants' Claim 1. Lanier et al. compared the efficacy of the combined use of a steroid (fluticasone) nasal spray, which was intended to alleviate nasal symptoms, with a topically administered eye drop (olopatadine), which was intended to alleviate ocular symptoms, to the combined use of a steroid (fluticasone) nasal spray, which was intended to alleviate nasal symptoms, with an orally administered (systemic) agent (fexofenadine), which was intended to alleviate ocular symptoms. Lanier et al. concluded that the combined use of the nasal spray with the topical eye drop was more effective than the combined use of the nasal spray with the systemic tablet. Lanier et al. does not disclose or suggest incorporating olopatadine into an intranasal composition, and certainly does not disclose or suggest incorporating olopatadine into an intranasal product for alleviating nasal symptoms.

Moreover, Applicants' amended claims are directed to olopatadine-containing intranasal compositions. The selection of olopatadine as an anti-allergy agent to be combined with a steroid in an intranasal composition provides a special safety feature that conventional anti-histamine agents do not. This safety advantage is neither disclosed nor suggested by any of the references cited by the Examiner. Applicants direct the Examiner's attention to the

attached article: Brockman et al., "Interactions of olopatadine and selected antihistamines with model and natural membranes," *Ocular Immunology and Inflammation*, 11(4):247-268 (2003), which is co-authored by one of the inventors of the present application. This article demonstrates the different effects or consequences that olopatadine and antihistamine agents have on interactions with cell membranes. The article concludes that olopatadine is unique because it does not cause non-specific interactions with cell membranes that can lead to cell damage. Thus, unlike conventional antihistamine agents, olopatadine is unlikely to cause histamine release or non-specific cell membrane damage and the 'rebound effect' that antihistamine nasal sprays commonly have where extended use leads to exaggerated nasal symptoms.

Applicant believes that the above amendments and remarks have placed Claims 1, 4 – 8, and 10 in condition for allowance. Accordingly, allowance of the claim in this application is respectfully requested.

Additionally, Applicants note that three references submitted with Applicants' IDS were not considered because no publication date was listed for them. These three references were entered as "BR," "BS," and "BT" and are product inserts from Flonase, Nasonex and Rhinocort Aqua nasal spray products. Applicants have resubmitted these references in the accompanying supplemental IDS and have indicated a publication date for each of them.

Respectfully submitted,

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4/22/05
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